

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	108	90	12/10/03
<b>RESPONSE FORMALITY REVIEW</b>			03/07/04

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	8-5-03
1	11-30-03
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Claim	Date
Final Original	8-5-03
51	11-30-03
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Claim	Date
Final Original	8-5-03
101	11-30-03
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If more than 150 claims or 10 actions  
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## **INDEX OF CLAIMS**

..... **Rejected** - (Through numeral) ... **Canceled**  
..... **Allowed** + ..... **Restricted**

N ..... Non-elected A ..... Appeal  
I ..... Interference O ..... Objected

Claim	Final	Original	1/1-20	7-1-95	Date
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Claim	Date
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If more than 150 claims or 9 actions staple additional sheet here